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ABSTRACT

The quality of mental health research on Hispanic populations has not kept pace with the quantity, resulting in a poorly integrated body of scientific knowledge. A conceptual framework for clinical service research with Hispanic populations highlights specific goals and orientations, following a hypothetical five-step temporal sequence. Research in the first phase of the framework, the emergence of mental health problems, should seek to determine the true prevalence and incidence of mental distress among Hispanics in relation to etiology. Such research should call attention to the importance of the migration experience in creating strains for this population. In phase two, help seeking behavior, the Hispanic's uses of mental health facilities should be examined, focusing on the integration of Hispanic Americans into social organizations, acculturational barriers, and utlization rates. In phase three, evaluation, the assessment of Hispanic clients should focus on the effects of bilingualism and interview language, and the influence of ethnicity on evaluation and traditional assessment procedures. During the fourth phase, therapeutic modalities, the development and evaluation of culturally sensitive therapeutic modalities should be researched, emphasizing language barriers, psychocultural distance, bias, stereotyping, and expectations discrepancies. The fifth and final phase of the research should focus on post-treatment rehabilitation, specifically to identify those factors which enhance or suppress capacity to function. (BL)

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EPIDEMIOLOGICAL AND CLINICAL SERVICES RESEARCH ON HISPANICS' MENTAL HEALTH CARE

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EPIDEMIOLOGICAL AND CLINICAL SERVICES RESEARCH ON
HISPANICS' MENTAL HEALTH CARE

The need for a comprehensive framework for mental health research on Hispanic populations is evident in the Report to the President's Commission on Mental Health (1978). The report notes that "quality has not kept pace with quantity and the research literature on Hispanic mental health has yet to attain the status of an integrated body of scientific knowledge. It remains plagued by stereotypic interpretations, weak methodological and data-analytical techniques, lack of replicability of findings and the absence of programmatic research."[1] Because Hispanics represent the most rapidly growing minority group in the United States, there is a pressing need to improve the quality of such research. Already the second largest minority group, Hispanics may outnumber the black population in the next quarter century. This rapid growth must be viewed in the context of substantial diversity in national origin, demographic profile, migration status, and settlement patterns.[2] In sum, flawed research lacking integration has addressed the important issue of mental health among Hispanics, a rapidly growing and diverse population.

Thus, in response to the recommendations made to the President's Commission on Mental Health, and in response to our own needs to conceptualize our work in this areas, the Hispanic Research Center at Fordham University set out to analyze and integrate selected portions of the research literature on Hispanic mental health within a new conceptual framework.

In broad terms, clinical service research is conceptualized as spanning a hypothetical temporal sequence. From the beginning to the end the sequence is divided into five phases which sometimes overlap: the first phase involves the emergence of mental health problems; the second phase involves intricate help-seeking behaviors which may or may not lead the person to contact official mental health service providers; the third phase involves attempts -- valid or invalid -- by such help providers to diagnose the client's psychological condition; the fourth phase begins when official mental health providers attempt to deal with the problem through therapeutic intervention; and the fifth phase involves the termination of treatment and the client's attempted resumption of customary social roles, relieved of the original problem or not.

Phase 1: Emergence of Mental Health Needs

In initiating the study of mental health needs we have made the assumption that when reliable knowledge of a population is practically nonexistent, the type of study most likely to provide a basis for fruitful work should be broadly delineated in concept and scope to cover diversity in sociocultural and economic factors. Thus, psychiatric epidemiology is the preferred method in the first phase.

Research in psychiatric epidemiology, seeking to determine the true prevalence and incidence rates of mental health problems, has a double relevance to our effort to understand Hispanic mental health. First, by identifying variations in the mental health status of persons across demographic cate-

gories and sociocultural groups, such research provides clues relevant to the etiology of mental distress. Thus, much of the rapidly increasing research on the interconnections between stress, changing life events, supportive networks, and mental health is rooted historically in the findings that disadvantaged, marginated groups experience disproportionate mental distress. Such research is oriented toward uncovering factors relevant to the sociocultural and psychological origins of mental health distress. Second, psychiatric epidemiology provides empirically based measures of variations in the need for mental health care across demographic categories and sociocultural groups. Findings relevant to etiology and those describing rates of mental health problems have been important in assaying the mental health needs of Hispanics.

However, there is very little epidemiological data on the prevalence and incidence of psychological distress in the Hispanic population -- the core element in the first phase of the framework. Moreover, little systematic attention has been given to the mental health relevance of the mi-ration experience of Hispanics. Although there is a long history of research on the relationship between migration and mental health, most of it is based upon hospital admission or treatment records which exhibit widely recognized methodological problems associated with the study of self-selected institutionalized populations.[3] Whatever the shortcomings of such research, there are in fact substantially good reasons for believing that there is a relationship between mental health and the components of the

migration experience of disadvantaged Hispanic immigrants: insertion at the bottom of the social stratification heap, disturbances in family life cycle, and acculturative problems.[4]

In sum, research in the first phase of the framework, which deals with the emergence of mental health problems, seeks to determine the true prevalence and incidence of mental distress among Hispanic populations in relation to issues of etiology. Such research calls attention to the importance of the migration experience in creating strains for the immigrant population.

Phase 2: Help-Seeking Behavior

Hispanic utilization of mental health facilities is the central problem of research in the framework's second phase. There are two theories which attempt explanations of Hispanic underutilization of mental health facilities: alternative resource theory and barrier theory. The theory of alternative resources explains underutilization in terms of the indigenous Hispanci social organizations serving as therapeutic alternatives to the official mental health agency system. The explicit argument is that Hispanics with psychological problems first turn to proximate and culturally familiar indigenous organizations and, if no satisfactory solution of the problem is attained, then, as a last resort, they turn to mental health facilities. The theory of barriers, on the other hand, explains underutilization as a result of structural impediments of professional mental health care. Although class of variables or factors each theory utilizes for explanatory purposes differs, we believe they can be integrated into a more comprehensive

and dynamic explanation of Hispanic utilization of mental health services.

We postulate that research in the second phase of the framework include at least four components: (1) epidemiological data on the prevalence and incidence of psychological distress in the Hispanic population designated for research; (2) measures of the degree to which the Hispanic respondents are integrated into the indigenous social organizations serving as alternative mental health resources; (3) measures of the Hispanic respondent's degree of acculturation and of the organizational features of the available mental health service facilities, as indicators of the barriers which impede access to such facilities; and (4) Hispanic utilization rates in the available mental health facilities. The first three components -- the need factors, alternative resources, and the degree of acculturation and agency characteristics -- are the major areas upon which the literature converges to explain utilization. If research does not examine the first three components in order to understand the fourth -- utilization -- the results will inevitably be ambiguous. By examining the interaction of these three factors through comprehensively organized research we can begin to narrow the margin of ambiguity.

Phase 3: Evaluation of Mental Health

The third phase of the framework involves the mental health assessment of Hispanic clients who have reached a treatment setting. Much of the literature on the psychiatric evaluation of Hispanics highlights the ubiquity of misdiagnosis by non-

Hispanics clinicians, presumably as a consequence of barriers emerging in psychiatric interviews. Foremost among such barriers appears to be the interaction of bilingualism and biculturalism and their impact on the mental health assessment process.

Another issue of long-standing debate in the field of psychological assessment is the cultural appropriateness of using with minorities instruments that have been standardized primarily on white and middle-class groups. With respect to projective personality tests, for example, one group of researchers have evaluated minority children as less verbal, less emotionally responsive, and more psychopathological than their nonminority counterparts,[5] while another group of researchers have argued that urban minority children are not inherently deficient, inasmuch as traditional standardized tests fail to accurately measure their intellectual, cognitive, personality, and affective functioning.[6] Clearly, research is needed to develop and test culturally sensitive assessment procedures for Hispanic patients.

In sum, research in this phase of the framework focuses on the effects of bilingualism, language of the psychiatric interview, and the influence of ethnicity on the evaluation of mental health, and on the issue of traditional assessment Procedures for psychodiagnosis and evaluation.

Phase 4: Therapeutic Modalities

The fourth phase of the conceptual framework focuses on the development and evaluation of culturally sensitive

therapeutic modalities for use with Hispanic clients. The question of whether traditional therapies have been made available to Hispanic clients and/or are responsive to their needs remains problematical in the literature. Much like the traditional therapies, innovative therapies, specifically designed with cultural considerations in mind, have yet to withstand the rigors of evaluation. (Apology to the discussants: in the preliminary draft they received, a sentence crept in implying, incorrectly, that the traditional therapies have withstood the rigors of evaluation.) In addition, process variables, events which transpire within the therapy session in the interaction between therapist and client, undoubtedly influence therapy outcome. The general question of which psychotherapy is most effective can be considered in terms of components: What treatment by whom is most effective for which individuals with what problem and under which set of circumstances?[7] Introduction of the ethnic group of the client and of the therapist, and surrounding cultural considerations adds a new dimension to these queries.

Research in this phase of the conceptual framework, thus, focuses on the adequacy of traditional forms of psychotherapy and on the confusion and misunderstanding engendered by language barriers, psychocultural distance, socioeconomic bias, reinforcement of alienation, stereotyping, and discrepancies in expectation between Hispanic patients and typically white, middle-class therapists. Such research is needed both to adapt traditional treatment modalities and to develop innovative modalities tailored to Hispanic cultures.

Phase 5: Post-Treatment Rehabilitation

The fifth refers to the post-treatment situation of the Hispanic client. After a client terminates therapy or a patient leaves a psychiatric hospital, a new set of questions about the effectiveness of treatment comes into focus, questions such as how well he or she will be able to perform major social roles, solve problems, and whether or not the continued support of professionals, paraprofessionals, family members, and other persons are needed to sustain the clients as functioning members of the community. At a broader level, questions need to be raised as to the impact of social-structural and cultural factors upon the post-treatment experiences of the client.

Research has generally neglected the post-treatment experience of Hispanic clients. Our bibliographical efforts indicate that the fifth phase of the conceptual framework has received the least research attention among Hispanic populations. For example, although there is an extensive literature about aftercare and rehabilitation, attention to the prevention of relapse in recovered Hispanic patients and to their capacity for securing and sustaining employment has largely been nonexistent. The level at which an individual who is no longer in treatment is able to function is the product of factors arrayed across all phases of the conceptual framework. Specifically, there is a pressing need to focus research upon the fifth phase to identify factors which enhance or suppress the Hispanics' post-treatment capacity to function.

The framework we have presented enables us to do a number of things: locate the goals and findings of specific

research projects in a broader conceptual structure; examine the interrelationship of research finding; identify important gaps in the research, unaddressed by the literature; and examine and then formulate critically important problems located within the framework. We recommend its use to researchers interested in the mental health of Hispanics.

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